Adults with Mental Health Disabilities and Their Caregivers in Nebraska: An Overview

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Introduction

This report provides an overview of adult mental health in Nebraska. Three specific issues are explored. First, Nebraska population ratings of mentally unhealthy days are examined compared to the United States. Second, trends in the number of adults receiving Social Security Disability Income for mental health disorders are examined. Finally, the living arrangements of adults with mental health disabilities and their adult caregivers are described.

Data Sources

Three data sources were used to generate this report: the Behavioral Risk Factors Surveillance System (BRFSS), Annual Statistical Reports on the Social Security Disability Program, and the Survey of Income and Program Participation (SIPP). Multiple years from each of these data sources were used for trend analysis. In some cases, the observations from several years were pooled by year to increase sample size. These combinations are described in the relevant sections.

Mental Health in Nebraska

Data from the Behavioral Risk Factors Surveillance System (BRFSS) was used to describe the mental health of adults in Nebraska between 1993 and 2010 on several dimensions of mental health. The Centers for Disease Control and Prevention (CDC) calls these “Healthy Days Measures.” States use these measures to track overall progress on achieving Healthy People 2020 goals (http://www.healthypeople.gov/2020/default.aspx). These included: the average number of mentally unhealthy days in the past 30 days, and the percent of the population who had 14 or more mentally unhealthy days over the past month. Comparisons to the United States population were also made. While these measures are self-reported, the CDC estimates that they have a good response rate, reliability, and validity (http://apps.nccd.cdc.gov/HQRL/).

Average Number of Mentally Unhealthy Days

The BRFSS asks respondents how many days during the previous 30 days was their mental health (including stress, depression and problems with emotions) “not good.” Figure 1 shows that Nebraskans reported fewer mentally unhealthy days than Americans. The average number of days per Nebraskan fluctuated between 2.2 and 3.0. This rate was lower than that of the average American, which ranged between 3.0 and 3.5.

To increase the number of observations, the survey years of 2006 through 2010 were combined. These combinations are used in the BRFSS reports. When examining the average mentally unhealthy days reported, the same trends observed in Figure 1 were observed. The average number of mentally unhealthy days in the past 30 days for the average adult in Nebraska was 2.6. This was compared to an average of 3.5 days for the average adult in the United States. These results are shown in Figure 2.
Figure 1. Average Number of Mentally Unhealthy Days, Nebraska and the United States: 1993-2010

Note: 2002 data were unavailable for Nebraska. Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data, 2003-2012.

Figure 2. Average Number of Mentally Unhealthy Days, Nebraska and the United States: 2006-2010

Average Number of Reported Mentally Unhealthy Days by Age Group

The next set of analyses broke down the average number of mentally unhealthy days by age group for the 2006-2010 period. The results of this analysis shows that, in general, younger adults report more mentally unhealthy days than older adults. From the ages of 18 to 75, the average number of mentally unhealthy days reported decreased from 3.1 to 1.8 for Nebraskans. Younger Americans reported more mentally unhealthy days, but older adults reported fewer of these days. These results are shown in Figure 3.

Figure 3. Average Number of Mentally Unhealthy Days by Age Groups, Nebraska and the United States: 2006-2010

![Figure 3](chart.png)


Frequent Mental Distress

The BRFSS defines mental distress as fourteen or more days during the past 30 days when mental health was reported as “not good.” Using this definition, 7.6% of Nebraskans reported frequent mental distress, whereas 10.4% of Americans reported frequent mental distress, during the 2006-2010 period. The combined years of 2006-2010 are shown in Figure 4 for Nebraska and the United States.

Frequent Mental Distress by Age Group

The next set of analyses examined frequent mental distress (14 or more days over the past 30 days) by age group for Nebraska and the United States. The results show that reported mental distress in both Nebraska and the United States declines with age. Approximately, 8.0% of the youngest adults reported frequent distress, compared to 5.3% of the oldest adults. The trend toward declining mental distress with age was found for the United States as well. However, the level of mental distress found among adults is significantly lower in Nebraska. These results are shown in Figure 5.
Figure 4. Percentage Reporting Frequent Mental Distress, Nebraska and the United States: 2006-2010


Figure 5. Percentage Reporting Frequent Mental Distress by Age Groups, Nebraska and the United States: 2006-2010

Trends in Social Security Disability Insurance Program Receipt for Mental Health

This section examines trends in participation in the Social Security Disability Insurance (SSDI) program for adults reporting mental health diagnoses. The *Annual Statistical Reports on the Social Security Disability Insurance Program 2003 to 2012* were used to examine these trends. The analyses excluded individuals who were identified with intellectual disabilities.

Over the past two decades, the fraction of individuals receiving SSDI benefits has risen dramatically (Autor and Duggan, 2006). The two categories that have increased most are individuals diagnosed with back pain and mental illness. This is a concern because these conditions increase the average duration of disability spells and the size of the recipient pool. Autor and Duggan (2003) note that the ratio of SSDI (combined with Medicare benefits) to earnings has risen. They maintain that SSDI applications are in direct response to adverse labor market shocks suggesting that a growing number of discouraged and displaced workers are seeking disability benefits.

Overall, the number of adults receiving SSDI in Nebraska increased from 34,635 in 2003 to 48,474 in 2012. This represents a 39% increase for Nebraska from 2009 to 2012. The disability rolls across the United States have increased dramatically as well. In 2003, 6,830,714 individuals were receiving SSDI. By 2012, 10,088,739 were receiving SSDI. This represents a 33% increase. Figure 6 shows these results.

**Figure 6. Number of Adults Receiving Social Security Disability Insurance, Nebraska: 2003-2012**

![Graph showing the number of adults receiving SSDI in Nebraska from 2003 to 2012.]

Source: *Annual Statistical Reports on the Social Security Disability Insurance Program 2003 to 2012*

Percentage of Nebraskans Receiving SSDI for Mental Health Disability

Similarly, the percentage of Nebraskans on SSDI with a mental health disability increased from 22.4% in 2003 to 25.7% in 2012. This is less than the increases in the United States during this period. The percentage of individuals in the United States receiving SSDI for mental health issues increased by 51% during the same time period. This change is shown in Figure 7.
Figure 7. Number of Individuals Receiving Social Security Disability Insurance for a Mental Health Disability, Nebraska: 2003-2012


Adults with Mental Health Issues Living with Parents and Caregivers in Nebraska

Finally, the Survey of Income and Program Participation (SIPP) was used to examine the living arrangements of adults with mental health disabilities. The 1996, 2001, 2004, and 2008 panels were combined for this report in order to increase the sample size for Nebraska.

Approximately three percent (2.7%) of all adults in Nebraska who have mental health disabilities—or 4,407 individuals—are living with an older adult. Interestingly, individuals with a co-morbid condition, such as learning disabilities or mental retardation, were slightly less likely to live with an older adult caregiver (2.0% or 3,239 individuals). Figure 8 shows these results.

Basic descriptive statistics were calculated to show that the majority of individuals who are living with their caregivers are between the ages of 25 and 45. Approximately 58.6% of all individuals are between the ages of 25 and 45.

The next set of analyses examined the caregivers of the adults with the mental health disabilities. Approximately 10% of the adults with mental health disabilities have caregivers who live in their homes. The caregiving arrangements are varied in the households where an adult child with a mental health disability is living with their parent or grandparent. The majority of individuals are cared for by spouses (36.8%), followed by parents or grandparents (20.4%). This represents over one-half of the caregiving arrangements. Other caregiving arrangements are shown in Figure 10.

An analysis of the caregiving households (where the caregiver lives in the household) for adults with mental health disabilities shows that 65% of the caregivers are female, their mean age is 48.8 years with a range of aged 22 years to 87 years. The median household monthly income is $3,986. Household income ranged between $306 and $15,835 per month. This research shows that caregivers for adults
with mental health disabilities are more varied and younger than caregivers of adult children with other disabilities.

**Figure 8. Percentage of Adults with a Mental Health Disability Living in an Older Adult Households by Co-morbidity, Nebraska: 1996-2008**

![Graph showing percentage of adults with mental health disabilities living in older adult households by co-morbidity.](image)


**Figure 10. Percentage of Adults with Mental Health Disabilities by Caregiver Type, Nebraska: 1996-2008**

![Pie chart showing percentage of adults with mental health disabilities by caregiver type.](image)

Summary

Data from three national sources were used to provide an overview of mental health among adult Nebraskans, program participation for individuals with mental health disabilities, and living arrangements of adults with mental health disabilities. The results from these analyses are mixed. Overall, they suggest that:

- Nebraskans report better mental health than the average American.
- The tendency to report better mental health increases with age.
- Despite these results, the uptake of SSDI for individuals with mental health disabilities has increased steadily since 2003. This reflects a national trend.
- Adults with mental health disabilities living with parents or grandparents (older adults) are most likely to be middle-aged.
- One out of ten adult with a mental health disability reports that a household member helps them with activities of daily living. These household members are most likely spouses or the older adults. This suggests that these households with older adults and adults with mental disabilities may include a number of family members.

Conclusions and Implications

Nebraskans report better mental health than the average American. This information is congruent with other information we have about the overall health and average life expectancy of Nebraskans.

Inconsistencies are noted, however, between citizens’ ratings of mental health, national data on mental health disability and the current trends in SSDI enrollment for Nebraskans. These increases are not unique to Nebraska and can be found throughout the United States. An increased number of individuals are applying for SSDI under the diagnosis of mental health disability. While this may reflect some increase in disability, it may also provide information about low-wage workers’ chances in the labor market. While SSDI is a federal program, further exploration of this issue at the state level may benefit individuals with mental health disabilities who could participate in the economy and have a chance at mobility in the workforce. In addition, research has shown that employment is beneficial for individuals with mental health disabilities because of the structure and opportunities for socialization that it brings.

Finally, the research on adults with mental health disabilities suggests that they are less likely to live with their older adult caregivers than other individuals with disabilities we have observed. Those who do reside at home, however, need assistance with activities of daily living and may represent a more impaired group. Both the adults and caregivers in these homes are younger than other caregiving households we have observed in Nebraska. Home and Community Based Waiver eligibility may need to be examined for adults with mental health disabilities and their caregivers.

References


